SIRTH NO. REG. DIST. NO. 28 PRIMARY REG. DIST. NO. 28	MEDOCT 20 19	52 STANDA	ARD CERTIFICA	ATE OF DEATH	State File No	34696
a. COUNTY CITY (II outdougle/promose limite, write \$URA Joned street outstands) C. CITY (II outstands) C. CITY (III outstands)						
OR TOWN ADMINISTRATED PROPERTY (in Spin hospital or tapityptine, the street Address or location) d. FULL NAME off (if augin hospital or tapityptine, the street Address or location) A DATE (If augin hospital or tapityptine, the street Address or location) A DATE (If augin hospital or tapityptine, the street Address or location) A DATE (If augin hospital or lapityptine, the street Address or location) A DATE (If augin hospital or lapityptine, the street Address or location) A DATE (If augin hospital or lapityptine, the street Address or location) A DATE (If augin hospital or lapityptine, the street Address or location) A DATE (If augin hospital or lapityptine, the street Address or lapityptine) A DATE (If augin hospital or lapityptine, the street Address of lapityptine) A DATE (If augin hospital or lapityptine, the street Address of lapityptine) A DATE (If augin hospital or lapityptine, the street Address of lapityptine) A DATE (If augin hospital or lapityptine, the street Address of lapityptine) A DATE (If augin hospital or lapityptine, the street Address of lapityptine) A DATE (If augin hospital or lapityptine, the street Address of lapityptine) A DATE (If augin hospital or lapityptine) A DATE (If augin hospital or lapityptine, the street Address of lapityptine) A DATE (If augin hospital or lapityptine) A DATE (If augin hospital lapityptine) A DATE (If	. 11	HILL				
G. FILL NAME of the supple booked or inspituation, the stress pattern or location) HOSPITAL ADDRESS 9 THE TOTAL ADDRESS 9 THE TOTAL STREET ADDRESS 9 THE MANUEL STREET ADDRESS 9 THE TOTAL STREET ADDRESS 10 THE TOTAL STRE	OR 1//		c. LENGTH OF c.	. CITY (If outside corporate OR TOWN	limits, write RURAL and pively	waship)
DECEASED OF PHAIL OF PHAIL OF PHAIL OF PHAIL OF PHAIL OF BIRTH OF JAME DEATH D. AGE (10 year) South South South South More Mor	d. FULL NAME OF (It :	or in hostical or institution, give street	Address or location) d	STREET ADDRESS 997	rural, sign boatism	lain
TOP LUBLAL COCCUPATION (CONTROL OF PUBLIC OF	DECEASED X/	(First) b.	(Middle) 12ABE+H	NEDANIE	_/ OF `//	(Day) (Year) - 13 52
100. KIND OF BUSINES OR IN. DOTTON COUNTRY) 130. FETHER'S NAME 130. MOTHER'S MAIDEN NAME 120. MOTHER'S MAIDEN NAME 12. CITIZENOSTHAT COUNTRY) 130. MOTHER'S MAIDEN NAME 120. MOTHER'S MAI	5.55 3 5.00	DLOR OR RACE 7. MARRIED, N WIDOWED, D LANG NEVEL		pate of BIRTH an - 17-19	9. AGE (In years IF the last birthday) Mont	DER I YEAR IF UNDER 14 RES. Hours Min.
13b, MOTHER'S MANE 13b, MOTHER'S MAIDEN MAKE 12c 12c 13b, MOTHER'S MAIDEN MAKE 12c	done during most of working i	ife even if restped)	BUSINESS OR IN- 1/1.	BIRTAPLACE (State or to	eld Mr	12. CITIZEN OP WHAT COUNTRY?
SCAUSE OF DEATH Riter only one on use por Cates of service) Indicate No. General Property Interval Street	13a OFTHER'S NAME) - /	Jukes 14.	NAME OF HUSBAND OR W	IFE
Inter only one one one of the line for (a), (b), and (c) "This does not mean the mode of dying, such as heart failure, astherial, etc. It means the discase of the above cause (a) stating the underlying cause least. Morbid conditions, if any, giring DUE TO (b) rise to the above cause (a) stating the discase of conditions as the discase of conditions contributing to the death but not related to the discase of conditions contributing to the death but not related to the discase of conditions contributing to the death but not related to the discase of conditions contributing to the death but not related to the discase of conditions contributing to the death but not related to the discase of conditions contributing to the death but not related to the discase of conditions contributing to the death but not related to the discase of conditions contributing to the death but not related to the discase of conditions contributing to the death but not related to the discase of conditions contributing to the death but not related to the discase of conditions contributing to the death but not related to the discase of conditions contributing to the death but not related to the discase of conditions contributing to the death but not related to the discase of conditions contributing to the death but not related to the discase of conditions contributing to the death but not related to the discase of conditions contributing to the death but not related to the discase of conditions contributing to the death but not related to the discase of conditions contributing to the death but not related to the discase of conditions contributing to the death but not related to the discase of conditions contributing to the death not		IN U. S. ARMED FORCES? 16. St. give gar or dates of service)	1 NO. (7	INFORMANT'S S	Source That	ene & Rythis
**This does not mean the mode of dying, such as heart falliure, astherit falliure, astheritation the discover consistence of a stating trace. It means the discover falliure falliur	Enter only one cause per 1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(8	1	LECTION STATES	i Gregnan	INTERVAL SETWEEN ONSET AND DEATH
as heart failure, esthemia, etc. It means the disc.	*This does not mean		JE TO (b)			
19a. DATE OF OPERA 19b. MAJOR FINDINGS OF OPERATION 20c. AUTOPSYT related to the disease or conditions contributing to the dath but not related to the disease or conditions contributing to the dath but not related to the disease or conditions contributing to the dath but not related to the disease or conditions contributing to the dath but not related to the disease or conditions contributing to the dath but not related to the disease or conditions contributing to the dath but not related to the disease or conditions contributing to the dath but not related to the design of the dath but not related to the disease of FINJURY (e.e., in or about bome, farm., factory, street. office bidg., sep.) 12c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 12d. TIME (Month) (Day) (Year) (Hour) 21e. Injury OCCURRED 21f. HOW DID INJURY OCCUR? 21d. TIME (Month) (Day) (Year) (Hour) 21e. Injury OCCURRED 21f. HOW DID INJURY OCCUR? 21d. TIME (Month) (Day) (Year) (Hour) 21e. Injury OCCURRED 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 22f. I hcreby certify that I altended the deceased from	etc. It means the dis-	the underlying cause last.	200 52.	1	ta de la companya de	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 YES NO 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., sto.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME OF INJURY 21d. INME OF INJURY 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 21f. HOW DID INJURY OCCUR? 22f. How DID INJURY OCCUR? 22f. I horeby certify that I attended the deceased from Occurred at (e.) A. m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24d. DATE (City, typh, or county) (State) (State) (State) (State) (State) (State) (State) (DATE SIGNATURE) (DATE SIGNATURE) (State) (State) (State) (County) (State) (State) (State) (State) (State) (State) (County) (State) (State) (State) (County) (State) (State) (State) (County) (State) (State) (State) (County) (State) (State) (County) (State) (State) (State) (County) (State) (State) (State) (County) (State) (State) (County) (State)	tion which caused death.	I. OTHER SIGNIFICANT CONDITION	ONS -			
SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF WHILE AT WORK NOT WHILE AT WORK AT WORK AT WORK OF CEMETERY OR CREMATORY 22d. I Acreby certify that I attended the deceased from alive on Oct 12, 1952, and that death occurred at 12 d. m., from the causes and on the date stated above. 22a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED OF CEMETERY OR CREMATORY 24d. INCATION (City, total or county) (State) OATE RECO BY LOCAL REGISTRAR'S SIGNATURE (Death of County) ADDRESS A	19a. DATE OF OPERA-			term in the	6450	· — —
22. I hereby certify that I attended the deceased from	SUICIDE			. (CITY, TOWN, OR TOW	NSHIP) (COUNTY)	
alive on	OF	WHILEAT	NOT WHILE			<u> 53*</u>
23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 24c. DATE SIGNED						
24 BURIAL. CREMA- 24b. DATE 24; NAME OF CEMETERY OR CREMATORY 24d. LEGATION (City, Lord, or county) (State) HON. HOMOVAL (80-104) 10-16-52 HOROLOGY SUMMARY SIGNATURE (Spate) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (LOCAL REGISTRAR'S SIGNATURE) 10-15 5 FINE RAL DIRECTOR'S SIGNATURE (LOCAL REGISTRAR'S SIGNATURE) 10-15 5 FINE RAL DIRECTOR'S SIGNATURE (LOCAL REGISTRAR'S SIGNATURE)	!	NP.		D. ADDRESS	Voca levind	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE CROSSING TO FINE AL DIRECTOR'S SIGNATURE ADDRESS A	TION, BOMOVAL (8pog(2y))	70//	VAME OF CEMETERY OF	1 7 4 6	LECATION (Oity, while, or	(State)
(Licensed Epibelmer's Statement on Reverse Side)		REGISTRAR'S SIGNATURE	Reporty 5	FINERAL DIRECTOR	signature	M. leller
	IN IS SI	(Lic	ensed Enthalmer's Staten	nent on Reverse Side)	× -1	111

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded	on the reverse side of this certificate was embalmed by me, or by
	Student Embelmer No.
working under my personal supervision.	11 0 0 0
Student	Signed Gerbert Smith
Student Embalmer	Licensed Embalmer No. 4284

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.